

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19017

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2101

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Berkeley City	c. LENGTH OF STAY (in this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Barnhart 1500	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Penn's Nursing Home		d. STREET ADDRESS (If rural, give location) None /	

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) c. (Last) McDonnall	4. DATE OF DEATH (Month) May (Day) 8 (Year) 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work - done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Dublin, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE James
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. John J. Stewart (St. Charles)	ADDRESS (St. Charles)
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 715 Water St. St. Ch. OVERVIEW BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 795.5	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Dombke (Degree or title)	23b. ADDRESS 651 Brentwood, Clayton, MO.	23c. DATE SIGNED 5-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/11/51	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cath. Cemetery Kimmswick	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 5-8-51	REGISTRAR'S SIGNATURE Herbert R. Dombke MD	25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAP FUNERAL HOME	ADDRESS KIMMSWICK MO
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000
A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer.

Signed *Elmer Heiligtag*

Licensed Embalmer No. *3371*

P. O. Address *Kinnmanwich*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.